

FILED MAY 10 1957

STANDARD CERTIFICATE OF DEATH

15047

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4165**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital		Length of stay in lb 1 hour		STREET ADDRESS 4831 Carter Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) WALTER				First G.		Middle MICHELMANN		
Last MICHELMANN				4. DATE OF DEATH April 30, 1957				
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH July 25, 1912		
WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		9. AGE (In years last birthday) 44		IF UNDER 1 YEAR Months 9 Days 5		IF UNDER 24 HRS. Hours 5 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shift Dept Manager			10b. KIND OF BUSINESS OR INDUSTRY General Cable		11. BIRTHPLACE (City and state or country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis F. Michelmann				14. MOTHER'S MAIDEN NAME Augusta Stoppelworth				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes July 18 '30 to 7-21-'33				16. SOCIAL SECURITY NO. 497-05-5651		17. INFORMANT Address 4831 Louise G. Michelmann / Carter		
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		420.1		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 9:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Joseph M. Smith</i> (Degree or title)				22b. ADDRESS 1300 Clair		22c. DATE SIGNED 5/2/57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 3 1957		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
24. FUNERAL DIRECTOR Bromschwig and Son # Florissant				ADDRESS 4746		25. DATE RECD. BY LOCAL REG. MAY 2 '57		
26. REGISTRAR'S SIGNATURE <i>J. C. Smith MD</i>								

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed W. W. Wilkinson
 Licensed Embalmer No. 35
 P. O. Address M. L.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed W. W. Wilkinson
 Licensed Embalmer No. 35
 P. O. Address M. L.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
 If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.